

MULTIMEDIA ENTERTAINMENT EDUCATION (MM-EE): A TOOL TO IMPROVE FOOD SECURITY

Issue Brief – Oct 2025

Status of food insecurity in South Africa

For nearly two decades, South Africa has seen little progress in reducing child stunting, while obesity and diet-related non-communicable diseases (NCDs) have risen sharply among both adults and children⁽¹⁻⁵⁾. Despite various nutrition literacy interventions, traditional approaches—such as pamphlets, lectures, and posters—remain inaccessible to low-literacy groups, disconnected from local food realities, and largely unengaging (6,7). Global evidence shows that storytelling, music, drama, and visual media can improve learning and behavior change (6-9). However, South Africa lacks scalable tools using these methods. Innovative, culturally relevant audio-visual approaches could bridge literacy gaps, support community health workers (CHWs), and strengthen consistent nutrition messaging (9,10).

Lack of human resources hinders food literacy education to communities

South Africa has limited human resources to provide health services to the communities. CHWs have been identified as liaisons between health services and the community (7,8), but do not get professional health qualifications in South Africa; they only get short-term training on various specific health interventions (3). Food and nutritional literacy is not part of their current focus (5), and CHWs tend to lack information about food and nutrition knowledge. This lack of information may hinder their health promotion abilities to curb malnutrition in poor-resourced communities. Capacitating CHWs with food and nutritional knowledge using MM-EE material e.g. comic booklets and short videos can enable them to impart food and nutritional knowledge using the MM-EE materials to the communities they work with. Integrating this component is essential to improve nutritional literacy among community members (10). The Food SAMSA project evaluated the MM-EE materials piloted in a previous project and the evaluation revealed positive outcomes in terms of feasibility to implement it among CHWs and community members (10).



Priority Actions

Consider endorsing

and integrating the MM-EE materials into the routine standard of care package for Community Health Workers (CHWs).

Keep MM-EE materials

readily accessible to CHWs and communities to foster financial literacy and promote culturally and economically appropriate dietary decisions.

Establish a partnership

with the Western Cape Department of Health's WoW initiative to train CHWs and WoW Champions in adopting MM-EE as a standardized educational resource to strengthen food and nutrition literacy and support healthier dietary choices among community members.



"Yes and secondly it helps you in that moment when you are not keen to take some exercises but because of the life-balancing story, you are able to take some exercises, yeah, it helps there."



"When you sat down and read it and when you are talking about it, you have that confidence that I know this, this is my stuff, you see, but we still need more topics".

Implications

Improved Food Security

Incorporating the MM-EE materials into the routine activities of CHWs has the potential to enhance community access to financial literacy information, thereby enabling healthier food choices and contributing to reduced food insecurity. Furthermore, as CHWs implement these materials and engage with the content, they too may benefit from improved nutrition knowledge and practices. However, failure to integrate the MM-EE materials into CHW routines may limit the effective use of this information, diminishing its potential to strengthen financial literacy and food security among both CHWs and the communities they serve.

Scale and Sustainability

Ensuring the adequate distribution of MM-EE materials to CHWs and community members will facilitate access to educational resources that support informed decision-making regarding food choices within specific cultural and socio-economic contexts. As the materials are already developed and require only low-cost reproduction, implementation is financially feasible. Conversely, limited availability of these materials may reduce the community's ability to comprehend and act on key messages.

Synergy for impact

Collaboration with the Provincial Department of Health could enable wider distribution of materials via the Department's WoW Champions, who are embedded within the same communities served by CHWs. Such a partnership has the potential to create synergistic effects and strengthen the reach and effectiveness of community-level health promotion efforts.

The FoodSAMSA Project

Email: foodsamsa@mrc.ac.za | **Website:** [FoodSAMSA \(samrc.ac.za\)](http://FoodSAMSA.samrc.ac.za)

References:

1. FAO, European Union CIRAD, DSI-NRF Centre of Excellence in Food Security (CoE-FS). Food Systems Profile—South Africa. Catalysing the sustainable and inclusive transformation of food systems. Rome, Brussels, Montpellier, France and Bellville, South Africa; 2022.3.
2. South African Child Gauge. 2020. Cape Town; 2020.2.
3. Shisana O, Labadarios D, Rehle T, et. al. SANHANES-1 Team. South African National Health and Nutrition Examination Survey (SANHANES-1).
4. World Health Organization. The double burden of malnutrition. Contract No.: WHO/NMH/NHD/17.3. 2017.
5. Holliday N, Muhalik MK, Lembani M, et.al. Drivers and levers of the double burden of malnutrition in Cape Town, South Africa: insights from in-depth interviews with multi-sectoral stakeholders. BMC Public Health. 2025 Aug 29;25(1):2966. doi: 10.1186/s12889-025-24210-0. PMID: 40883702; PMCID: PMC12395704.
6. Boynito WG, Pauwels NS, Otayto K, et.al. Effects of community-based educational video interventions on nutrition, health, and use of health services in low- and middle-income countries: systematic review and meta-analysis, Nutrition Reviews, Volume 83, Issue 2, February 2025, Pages 201–216, <https://doi.org/10.1093/nutrit/nua004>
7. Bhekisisa. Centre for Health Journalism. <https://bhekisisa.org/article/2020-11-02-community-health-workers>
8. Cape Town: HSRC Press; 2013.4.
9. Coetze B, Kohrman H, Tomlinson M, et.al. Community health workers' experiences of using video teaching tools during home visits-A pilot study. Health Soc Care Community. 2018 Mar;26(2):167-175. doi: 10.1111/hsc.12488. Epub 2017 Sep 5. PMID: 28872210; PMCID: PMC7534510.
10. Okanemu EC, Sekgalu MD, Delobelle P, et.al. Supporting community health workers in South Africa for context-specific food and nutrition literacy: implementation of a multi-media education-entertainment intervention. BMC Nutr. 2025 Jul 25;11(1):144. doi: 10.1186/s40795-025-01124-z. PMID: 40713911; PMCID: PMC12291494.



"It's easy to understand. It gives you already the knowledge you must have about this food preparation."

Community Health Workers
focus group discussion quotes.

Key findings

- 1 CHWs found the MM-EE materials to be effective in delivering food and nutrition literacy during the pilot intervention.
- 2 CHWs found the MM-EE materials easy to understand.
- 3 CHWs found the MM-EE materials to be user friendly.
- 4 CHWs found the MM-EE materials to be culturally and socially acceptable.
- 5 CHWs found the MM-EE materials to be audibly and visually acceptable.

This Issue Brief was developed with support from the Center for Evidence based Health Care (CEBHC) at Stellenbosch University.

Credits: Nasreen Jessani

Contacts

Peter von Philipsborn MSc MA MD
LMU Munich
pphilipsborn@ibe.med.uni-muenchen.de

Peter Delobelle MD PhD FRSRH
CDIA / University of Cape Town
peter.delobelle@uct.ac.za

Zandile Mchiza, BSc, PhD
SAMRC/UWC
zandile.mchiza@mrc.ac.za

Jillian Hill, BPysch, MPH, PhD
SAMRC
jillian.hill@mrc.ac.za